



17439 U.S. PTO

Attorney's Docket No. 16-558

Patent

UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents
MAIL STOP PATENT APPLICATION
 P.O. Box 1450
 Alexandria, VA 22313-1450



XXX This is a request for filing a new non-provisional patent application.

___ This is a request for filing a ___ patent application of pending prior U.S. Application
 No. _____, filed _____, now _____.

The inventor(s) of the invention being claimed in this application is (are):

BRIAN EVILSIZER

The title of this application is:

ELONGATED BASEBOARD RACEWAY

Enclosed are:

- 10 Page(s) of Specification
- 7 Page(s) of 38 Claims
- 1 Page(s) of Abstract
- 4 Sheets of Drawings
- ___ Assignment of the invention to _____
- ___ Assignment Cover Sheet
- 1 Declaration and Power of Attorney for Patent Application
- ___ Other: Information Disclosure Statement, 1449, 12 References
- ___ Priority of foreign application number _____ filed on _____ in
 _____ is claimed under 35 U.S.C. § 119(a)-(d)
- ___ The certified copy:
 - ___ is enclosed.
 - ___ will follow.
 - ___ was filed in prior application no. _____, filed _____.

CERTIFICATE OF MAILING BY U.S. EXPRESS MAIL

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date 8/27/04 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV3100291315 US addressed to the Commissioner for Patents, MAIL STOP PATENT APPLICATION, Alexandria, VA 22313-1450

Laura R. Dupree
 Name

[Signature]
 Signature

Fee Calculation

CLAIMS AS FILED			
Number Filed	Number Extra	Rate	Basic Fee
			\$770.00
Total			
Claims	38 -20=	18 x \$18.00=	\$324.00
Independent			
Claims	7 -3=	4 x \$86.00=	\$344.00
Multiple			
Dependent Claim(s), if any		\$260.00=	

Total Filing Fee Calculation \$ 1438.00

___ Design Application Filing Fee Calculation \$ _____

X Filing Fee for a Small Entity (50%) \$ 719.00

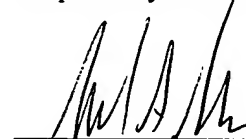
___ Fee for Recording Assignment (\$40) \$ _____

X Enclosed is a check in the amount of \$ 719.00

___ Charge Deposit Account No. 23-0630 in the amount of \$ _____

X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-0630.

Respectfully submitted,



Michael A. Miller
Reg. No. 50, 732

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